

NOV. 6.2002 7:36PM

TOWNSEND & TOWNSEND

NO. 252 TORIB/P. 3-02

Approved for use through 10/31/2002. OMB 06-11-J082

Approved for use through 1995
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
OMB Control Number 0655-0001. It bears a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1960

METHOD OF PAYMENT (check all that apply)

Check Credit Card MoneyOrder Other None

**Deposit
Account
Number** 20-1430

Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee
in the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity		
Fee	Fee	Fee Description	Fee Paid
Code	Code	(%)	(%)
1001	740	2001	870
1002	330	2002	183
1003	510	2003	255
1004	740	2004	370
1005	180	2005	90

SUBTOTAL (1) **(5)** _____

2 EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fees from below	Fee Paid
Total Claims	[]	-*	[] X []	[]
Independent Claims	[]	-**	[] X []	[]
Multiple Claims	[]	X	[] X []	[]

Dependent		Small Entity		Fee Description	
Large Entity	Fee	Fee	Fee	Code	Description
Fee	Fee	Fee	Fee	(5)	Claims in excess of 20
Code	(5)	Code	(5)		Independent claims in excess of 3
1202	18	2202	9		Multiple dependent claim, if not part
1201	84	2201	42		** Release independent claims
1203	280	2203	140		over original patent
1204	84	2204	42		** Release claims in excess of 20
1205	18	2205	9		and over original patent

SUBTOTAL (2) **(6)**

Other amounts previously paid, if greater: For Releases, see above

Complete if Known	
<u>Application Number</u>	09/724,552
<u>Filing Date</u>	November 28, 2000
<u>First Named Inventor</u>	Schank, Dale B.
<u>Examiner Name</u>	Sharon L. Turner
<u>Group Art Unit</u>	1647
<u>Attorney Docket No.</u>	16270J-004761US

EEF CALCULATION (continued)

3 ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1051 130	2051 55	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 220*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 400	2252 200	Extension for reply within second month	
1253 920	2253 480	Extension for reply within third month	
1254 1,440	2254 720	Extension for reply within fourth month	
1255 1,960	2255 950	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,610	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,280	2453 640	Petition to revive - unintentional	
1501 1,280	2501 640	Utility issue fee (or reissue)	
1502 480	2502 230	Design issue fee	
1503 520	2503 310	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1607 50	1607 50	Petitions related to provisional applications	
1806 160	1806 160	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1808 740	2808 370	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810 740	2810 370	For each additional invention to be examined (37 CFR § 1.128(b))	
1801 740	2801 370	Request for Continued Examination (RCE)	
1802 800	1802 500	Request for expedited examination of a design application	
Other fee (specify) _____			

***Reduced by Basic Filing Fee Paid**

(S)1960

Comments (if applicable)

SUBMITTED BY					
Name (Print/Type)	Rosemarie L. Gels	Registration No. (Attorney/Agent)	42,387	Telephone	650-328-2400
Signature				Date	November 6, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PA 3262944 v1

Received from <16503262422> at 11/6/02 9:33:34 PM (Eastern Standard Time)

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031
Trademark Office: U.S. DEPARTMENT OF COMMERCE
Information: unless it bears a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/724,552	FAX RECEIVED November 28, 2000
		Filing Date First Named Inventor Group Art Unit Examiner Name	Schenk, Dale B. 1647 Sharpen L. Turner
Total Number of Pages in This Submission 30		Attorney Docket Number 15270J-004761US	NOV 07 2002 GROUP 160

~~CAX RECEIVED~~

2002

1600

- 6 -

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17)
(1 pg, in dup) | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply (2 pp) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request
(PTO/SB/22) (1 pg) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input checked="" type="checkbox"/> Information Disclosure Statement
(5 pp) w/ PTO/SB/08A (4 pp) and
PTO/SB/08B (15 pp) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | The Commissioner is authorized to charge any additional fee
Deposit Account 20-1430. | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | Remarks | |

The Commissioner is authorized to charge any additional fees to
Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Rosemarie L. Cell	Reg. No. 42,997
Signature		
Date	November 6, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-
2000, on November 6, 2002.

Typed or printed name	Rosemarie L. Celli	Date	November 6, 2002
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
PA 3262955 v1